



Rhode Island Department of Business Regulation
Division of Building, Design & Fire Professionals
STATE BUILDING OFFICE

ASSOCIATE HOME INSPECTOR LICENSE RENEWAL APPLICATION

Please type or print legibly. Incomplete or unreadable applications will be returned. Please allow 7-10 business days for processing
Applications received after the expiration date of the License shall be required to pay a fifty dollar (\$50.00) late fee

LICENSE INFORMATION			
License #			Fee: Two hundred (\$200) Dollars
License Expiration Date		Application Date:	
If the license has lapsed for more than six (6) months, the applicant shall be required to meet the requirements for a new license, including application, examination, and payment of the fee, in addition to any back fees, penalties, and any additional supplemental information the Board may require.			

APPLICANT INFORMATION			
Name:		Driver's License #:	
Date of Birth:	Rhode Island Resident?		Yes No
Residential Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	
Have you ever, or do you currently, hold any other professional licenses or registrations in this or any other state? Yes No			
If yes, provide license type, state(s) and number(s)			
Have you ever been denied, or had any professional licenses or registrations suspended or revoked? Yes No			
If yes, please explain:			

BUSINESS /EMPLOYER INFORMATION (if applicable)			
Entity Name:		Phone Number:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Type of Entity:	Individual	Sole Proprietor	Partnership Corporation LLC
This entity is currently and properly registered with the Rhode Island Secretary of State: Not applicable Yes No			
Who is the responsible person for this entity?		License #	

Provide Information for Partnership / Corporate Officers

Name	Address	Date of Birth	Driver's License Number
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ERRORS AND OMISSION POLICY AND LIABILITY INSURANCE

R.I. Gen. Law § 5-65-10 requires that every licensed home inspector and associate home inspector shall secure, maintain, and file with the board a certificate of insurance for an errors and omissions policy and a certificate of insurance for a general liability policy; both shall be for a minimum amount of five hundred thousand dollars (\$500,000) in the aggregate. These certificates must be valid from the date a license is issued until the license expires. This proof shall be deemed satisfactory if the policy is carried by the corporation, partnership, or franchise for which the home inspector is a contracted employee and the home inspector or associate home inspector is specifically covered by such policy.

ERRORS AND OMISSION POLICY INFORMATION

Policy Holder:

Policy Number:

Insurance Agency Name:

Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

LIABILITY INSURANCE POLICY INFORMATION

Combined with Errors and Omission Policy

Policy Holder:

Policy Number:

Insurance Agency Name:

Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

WORKER'S COMPENSATION INSURANCEDo you, or does the entity, have or plan to have one (1) or more employees? Yes No

FEID #

If yes, then pursuant to R.I. Gen. Law § 28-29-1, *et seq.*, you are required to provide Workers Compensation Insurance that is recorded with the R.I. Department of Labor and Training and shall remain in effect for as long as one (1) or more persons are employed.

Policy Holder:

Policy Number:

Insurance Agency Name:

Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

AGENT OF SERVICE (Non-resident applicants only)

No license shall be issued to a non-resident applicant until he or she has filed with the Board a power of attorney constituting and appointing a registered agent (an attorney whose office is located within the boundaries of the State of R.I. or a registered agent listed with the R.I. Secretary of State) upon whom all processes in any action or legal proceeding against him or her may be served, and in the power of attorney agrees that any lawful process against him or her which may have been served upon his or her registered agent is of the same force and effect as if served on the non-resident applicant, and that the force continues irrevocably until such time as the Board has been duly notified in writing of any change.

Agent of Service Name: _____ Telephone Number: _____

Address: _____

TAX PAYER STATUS

Pursuant to R.I. Gen. Laws, § 5-79-1, *et seq.*, any person applying for or renewing any license, permit, or other authority to conduct business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator?

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Not applicable Yes No

CONTINUING EDUCATION

As a condition for renewal of licensure, a home inspector or associate home inspector shall complete twelve (12) credit hours of continuing education courses during each two (2) year licensing period.

- The twelve (12) credit hours shall be related to the practice of home inspection or topics related to the licensee's business, including but not limited to, report writing, building codes, business procedures, inspection of particular systems and components
- At least one (1) credit hour per renewal cycle shall be dedicated to professional ethics and one (1) credit hour on standards of practice.

Documentation provided which show successful completion of continuing education?

Yes No

CONTINUING EDUCATION EXEMPTION REQUESTED

I am requesting a six-month extension to complete my continuing education requirements. I understand that I can request this extension once per renewal cycle and that the continuing education taken to fulfill the exemption cannot be used in a subsequent renewal cycle. I further understand that there is a one hundred-dollar (\$100.00) fee to do so.

I am requesting that the Board or the Director defer or waive some, or all, of the continuing education requirements for good cause. Good cause may include, but not be limited to, illness, incapacitation, disability, (which is supported by a medical documentation) or military service. Describe the good cause.

ACKNOWLEDGEMENTS

(Each box must be checked)

I swear, under the pains and penalties of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies, and/or failure to make full disclosures may be deemed sufficient reason to deny or revoke licensure by the Rhode Island Department of Business Regulation:

That I understand and agree to comply with all laws, rules, regulations, and industry standards to the best of my ability; and

That I shall participate and make good faith efforts to resolve all complaints, violations, and/or contested cases within the jurisdiction of the Board. Failure to do so shall result in the Board taking action against me to the extent allowable by law, including suspension or revocation of my license, without which a home inspector or associate home inspector cannot perform work in the state of RI.

Signature

Date

Print

SUBMISSION

Submit this application, with all supporting documents and fee to:

RI Contractors' Registration and Licensing Board
560 Jefferson Boulevard
Warwick, RI 02886

Make Checks Payable to RI CRLB

OFFICE USE ONLY

Date Received:

Application Complete?

Yes ☐ No ☐

Documentation of Liability Insurance (\$500,000)

Yes ☐ No ☐

Documentation of Errors and Omissions Insurance (\$500,000)

Yes ☐ No ☐

Documentation of Worker's Compensation Insurance

Not Applicable ☐ Yes ☐ No ☐

Documentation of Completion of continuing education or Exemption

Yes ☐ No ☐

Application Approved?

Yes ☐ No ☐

Fee Submitted:

Yes ☐ No ☐